CCL 054 2002

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT **BUREAU OF CONSUMER HEALTH** CHILD CARE LICENSING AND REGISTRATION SECTION 1000 SW JACKSON, TOPEKA, KS 66612-1274\* SUITE 200 PHONE (785) 368-7015



Website: www.kdhe.state.ks.us/kidsnet/

## CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

FAX (785) 296-7025

Name of Child	Age	Name of Home or Facilit	ty		
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Filling Present	Fill in with <u>black</u>	Missing Teeth	Indicate with large black M		
Cavities	Outline surfaces involved in <u>red</u> Draw parenthesis around when filled - ( )	Teeth Indicated for Extraction	Indicate with large red X		
Gum Inflammation	Indicate in red beneath teeth involved	Teeth Extracted	Indicated with large black X		
EXAMINATION					
Deciduous teeth: Decayed? Stained? Calculous? Describe:		Permanent teeth: Decayed? Stained? Calculous? Describe:			
Gums Inflammation? Des		Mucous membranes Describe:			
Other oral manifestations Describe:					
Do irremediable defects of the teeth exist?		Is adequate fluoride present in the water supply?			
Is malocclusion present?		Have fluoride applications been provided?  Have fluoride applications of the provided of the p			
RECOMMENDATIONS					
X-Rays	Restorations	Extractions	Other		
Dental Proph	nylaxis Fluoride Applications	Orthodontic Service			
Continuous record of all services rendered on other side.					
Signature Date					

## **CONTINUOUS TREATMENT RECORD**

Each entry must be identified by signature of dentist or dental hygienist.

Date	Tooth	Services Rendered	Signature
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